



10

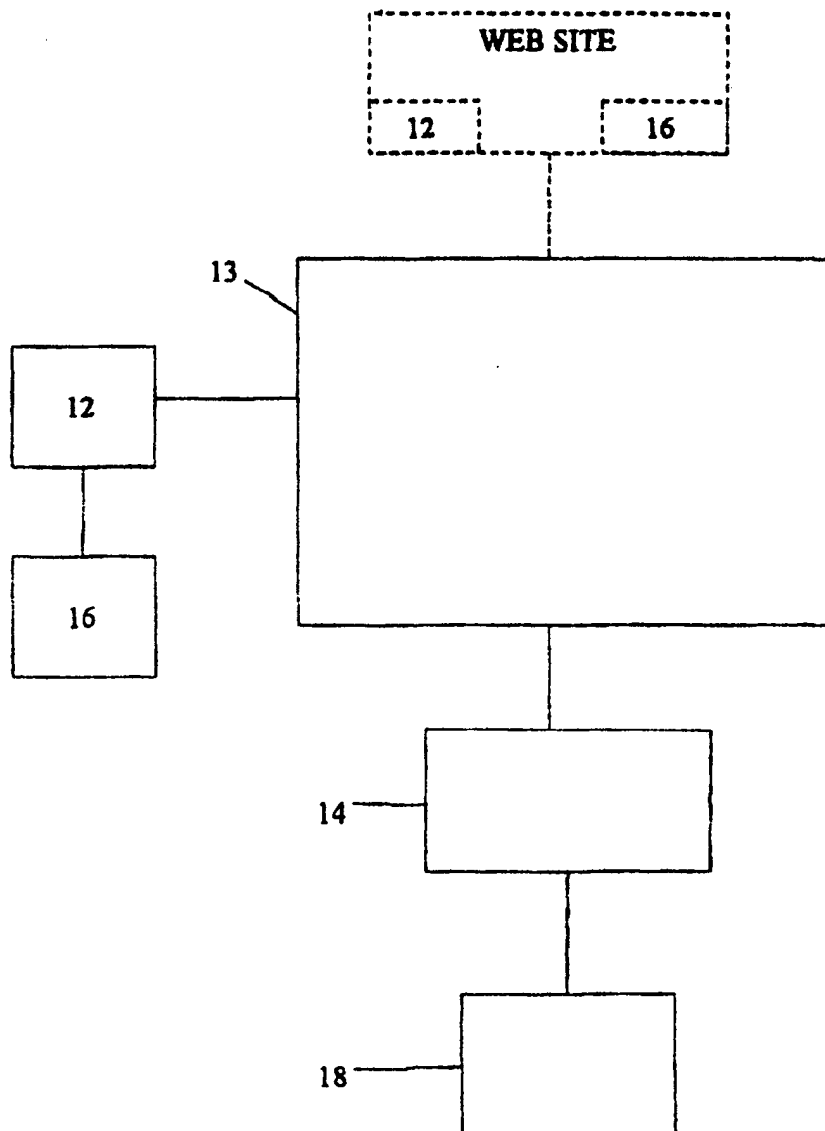


FIG. 1

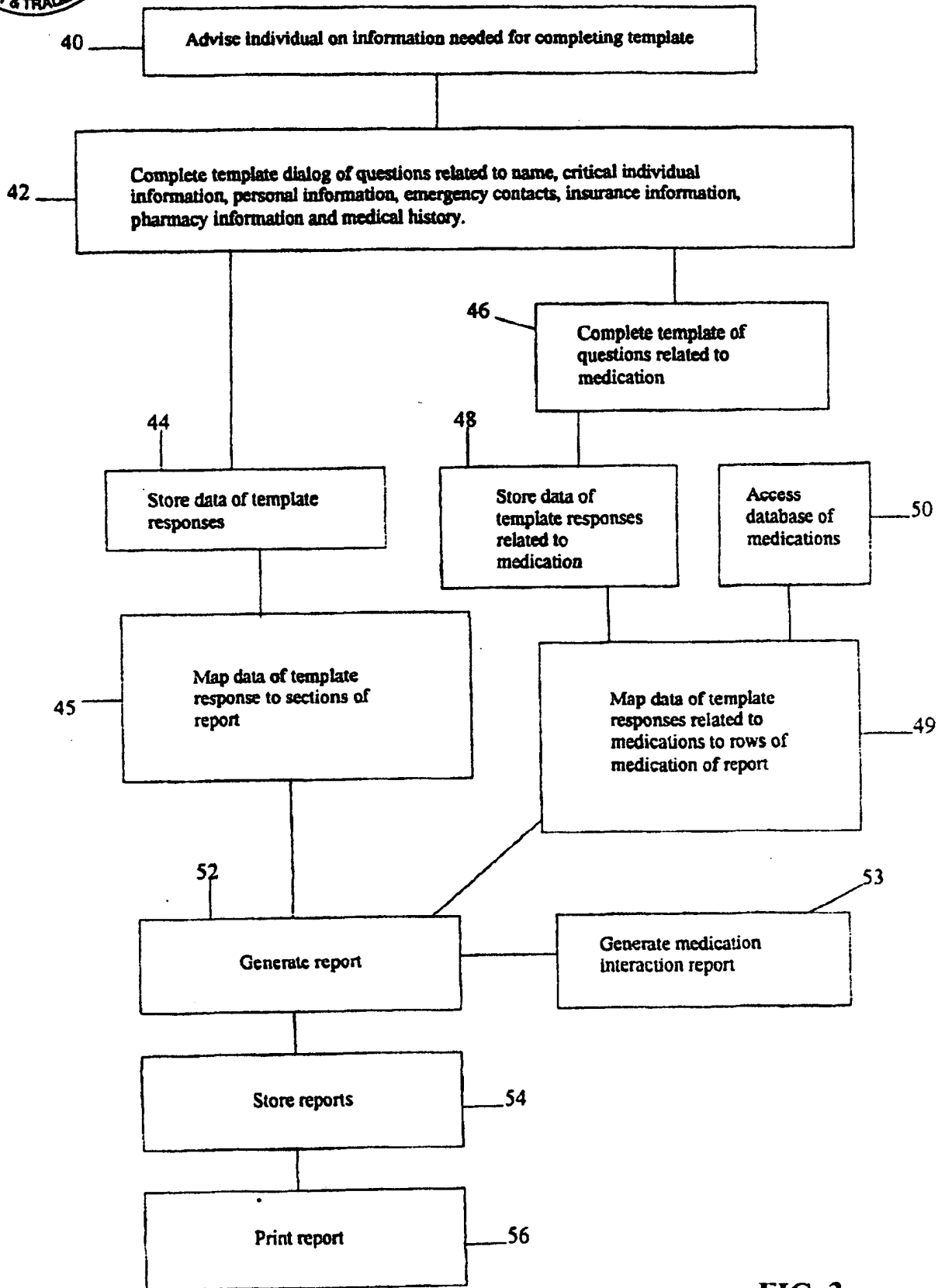


FIG. 3

The Question & Answer Session I: (Preliminary Information) begins with:

1. What is the name of the person for whom this LifeReport is being created?
2. The birth date?
3. The permanent address?
4. The phone number?
5. The fax number?
6. The E-Mail address?
7. Is there another residence? ____ yes ____ no
If yes, questions 3 thru 7 repeated until a no answer is given.
8. The Social Security #?
9. The Blood Type?
10. The Primary Insurance Carrier?
Name: _____ Identification #: _____
Group #: _____ Phone #: _____
11. The Secondary Insurance Carrier, if any?
Name: _____ Identification #: _____
Group #: _____ Phone #: _____
12. In Case of Emergency, who should be contacted? (please limit your choices to
no more than six)

Fig. 4a

Cont. Fig. 4a

Phone: _____ Relation: _____ ___ day ___ evening

Phone: _____ Relation: _____ ___ day ___ evening

Phone: _____ Relation: _____ ___ day ___ evening

Phone: _____ Relation: _____ ___ day ___ evening

Phone: _____ Relation: _____ ___ day ___ evening

Phone: _____ Relation: _____ ___ day ___ evening

13. Your Pharmacy?

Name: _____ Phone #: _____

14. Alternate Pharmacy?

Name: _____ Phone #: _____

15. The Physicians?

Name: _____ Type of Physician: _____

Address: _____

Phone #: _____ Fax #: _____

16. Is there another Physician? ___ yes ___ no

If yes, question 15 is repeated until a no answer is given.

17. Is there any Allergies?

Allergic to: _____

18. Is there another Allergy? ___ yes ___ no

If yes, question 17 is repeated until a no answer is given.

19. Is there any Medical Conditions?

Medical Condition: _____

Diagnosed by: _____ On: _____

20. Is there another Medical Condition? ___ yes ___ no

If yes, question 19 is repeated until a no answer is given.

21. Is there any Diseases?

Cont. Fig. 4a

Disease: _____

Diagnosed by: _____ On: _____

22. Is there another Disease? ____ yes ____ no

If yes, question 21 is repeated until a no answer is given.

23. Was there any Surgical Procedures?

Surgical Procedure: _____

Attending Physician: _____

Date of Surgery: _____

At What Hospital: _____

Outcome: _____

24. Is there another Surgical Procedure? ____ yes ____ no

If yes, question 23 is repeated until a no answer is given.

25. Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin
Dependency?

Please Describe: _____

26. Is there another Medical Alert? ____ yes ____ no

If yes, question 25 is repeated until a no answer is given.

The **Question & Answer Session I: (Preliminary Information)** is complete.



Fig. 4b

The Question & Answer Session II: (*Prescription Regimen*) begins.

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1. What is the prescription drug?

Name: _____

Dosage: _____

Prescribing

Physician: _____

Physician's Orders: _____

Date The Prescription was Filled: _____

2. Is there another Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

3. What is the non-prescription drug?

Name: _____

Dosage taken: _____

Recommended Dosage: _____

Physician's Orders: _____

4. Is there another Non-Prescription Drug? ____ yes ____ no

If yes, question 1 is repeated until a no answer is given.

5. What is the earliest time of the day a drug will be taken or given?

6. What is the latest time of the day a drug will be taken or given?

The Question & Answer Session II: (*Prescription Regimen*) is complete.

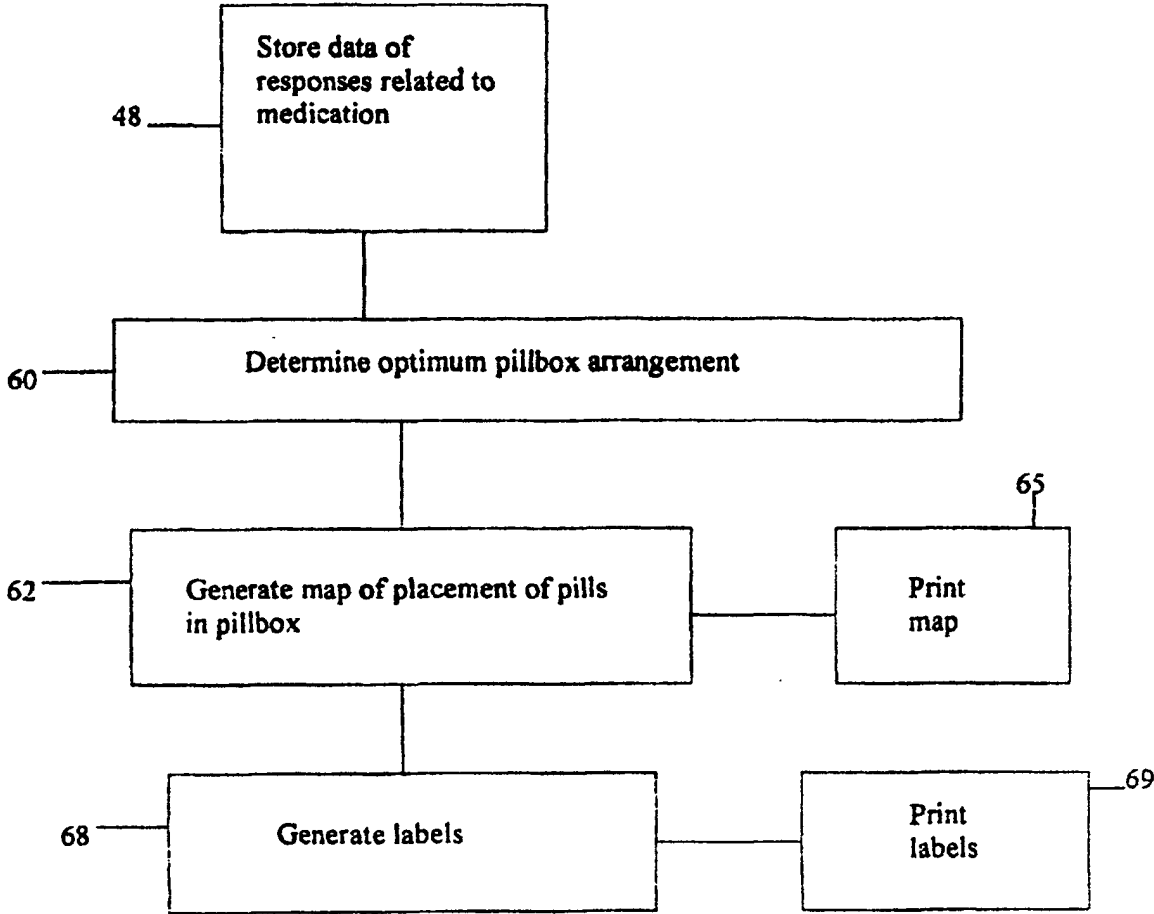


















FIG. 5

John Smith SS#: 100-10-1000
How To Arrange Your Pillbox Your PILL BOX MAP

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PATCH Transderm Nitro (0.2 mg/hr) Dr. Mahal Apply 9 AM — Remove 9 PM

66a

<p>EVENING 8:00 p.m.</p> <p>LASIX ⊖ NIVF only with juice</p> <p>PEPCID </p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>CAPOTEN  empty stomach</p> <p>COUMADIN </p> <p>AMANTADINE  to 3 pills on 12/16/98</p>	<p>MORNING Before Breakfast</p> <p>PEPCID </p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>CAPOTEN  empty stomach</p> <p>AMANTADINE  to 3 pills on 12/16/98</p>
<p>AFTERNOON 2:00 p.m.</p> <p>SINEMET  from 1/2 to 1 pill 10/6/98</p> <p>CAPOTEN  empty stomach</p> <p>AMANTADINE  to 3 pills on 12/16/98</p>	<p>MORNING After Breakfast</p> <p>BABY ASPIRIN </p> <p>ABC PLUS SENIOR VITAMIN </p> <p>LANOXIN </p> <p>MAGOXIDE </p>

66b

66c

Fig. 6

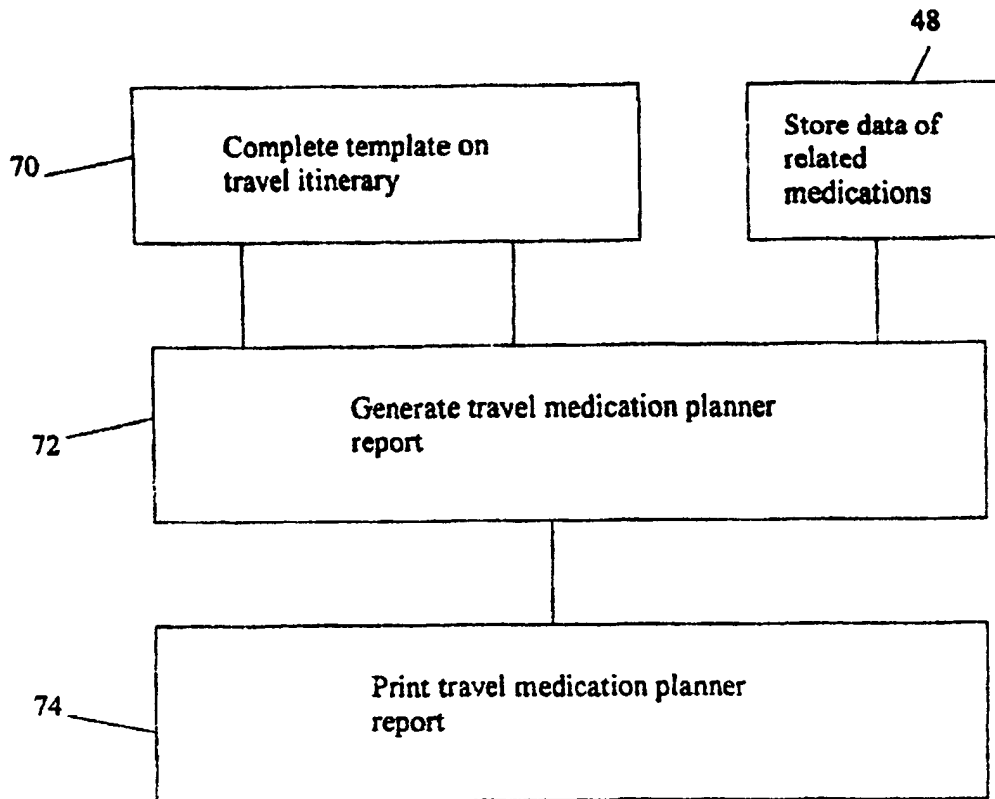


FIG. 7



John Smith SS#: 100-10-1000

Will You Have Enough Pills for Your Trip?.... Your TRIP PLANNER

Todays Date: November 15, 1999
Trip Start Date: December 1, 1999
Trip End Date: December 8, 1999
Duration of Trip: 7 Days

No matter what time you leave for your trip....
Take your trip medications starting in the morning of
December 1, 1999.

It's a good idea to take along 1 extra in case you lose a dose or are delayed.

If there is a
date in this
column you
need a refill
for your trip.

Medications (including Non-Prescription & Supplements)										Date Filled	Doses per Prescription	Doses per Day	Days Left after today	Prescription Expires On	Earliest Refill Day for Trip	Doses to Take for Trip
<input checked="" type="checkbox"/> 26a	<input type="checkbox"/> Pepcid	(20 mg)	Dr. Mahal							11/01/99	60	2	15	11/30/99	11/23/99	14
<input checked="" type="checkbox"/> 26b	<input type="checkbox"/> Capoten	(25 mg)	Dr. Mahal	empty stomach						11/01/99	90	3	45	12/15/99	12/08/99*	21
<input checked="" type="checkbox"/> 26c	<input type="checkbox"/> Sinemet CR	(50/200)	Dr. Friedlander	from 1/2 to 1 pill 10:00 PM						11/01/99	90	3	45	12/15/99	12/08/99*	21
<input checked="" type="checkbox"/> 26d	<input type="checkbox"/> Amantadine	(100 mg)	Dr. Friedlander	to 3 pills on 12/16/99						11/01/99	90	3	45	12/15/99	12/08/99*	21
<input checked="" type="checkbox"/> 26e	<input type="checkbox"/> Magoxide	(Vitamin)	Dr. Neiman							11/01/99	100	1	85	02/12/00		7
<input checked="" type="checkbox"/> 26f	<input type="checkbox"/> Baby Aspirin	(81 mg)	Dr. Mahal							10/25/99	100	1	79	01/18/00		7
<input checked="" type="checkbox"/> 26g	<input type="checkbox"/> Lanoxin	(0.25 mg)	Dr. Mahal							11/01/99	30	1	15	11/30/99	11/23/99	7
<input checked="" type="checkbox"/> 26h	<input type="checkbox"/> ABC Plus Senior	(Vitamin)	Dr. Neiman							10/01/99	100	1	54	01/09/00		7
<input checked="" type="checkbox"/> 26i	<input type="checkbox"/> Lasix (Furosemide)	(20 mg)	Dr. Mahal	NW only with juice						11/01/99	30	1	15	11/30/99	11/30/99	7
<input checked="" type="checkbox"/> 26j	<input type="checkbox"/> Coumadin	(5 mg)	Dr. Mahal							10/20/99	30	1	4	11/19/99		7
<input checked="" type="checkbox"/> 26k	<input type="checkbox"/> Transderm Nitro	(0.2 mg/hr)	Dr. Mahal	Apply 9 AM Remove 9 PM						10/25/99	60	1	39	11/29/99	11/22/99	7
<input checked="" type="checkbox"/> 26l																
<input checked="" type="checkbox"/> 26m																
<input checked="" type="checkbox"/> 26n																
<input checked="" type="checkbox"/> 26o																
<input checked="" type="checkbox"/> 26p																
<input checked="" type="checkbox"/> 26q																
<input checked="" type="checkbox"/> 26r																
<input checked="" type="checkbox"/> 26s																
<input checked="" type="checkbox"/> 26t																
<input checked="" type="checkbox"/> 26u																
<input checked="" type="checkbox"/> 26v																
<input checked="" type="checkbox"/> 26w																
<input checked="" type="checkbox"/> 26x																
<input checked="" type="checkbox"/> 26y																
<input checked="" type="checkbox"/> 26z																

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* Even though many insurance carriers frown upon refilling prescriptions more than 7 days in advance, explain to your pharmacist that you are taking a trip and need an earlier refill date to assure you will have enough medications.

Eckerd Pharmacy 908-281-9223 Fax:

Advice: Refill all needed medications at the same time.... 11/20/99.

The HOME MEDICAL MANAGER
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Fig. 8